



## SOLICITATION AMENDMENT

Solicitation No. **HP632209**

Amendment No. 1

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Solicitation Due Date: March 7, 2007

3:00 P.M. MST

### ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 West Adams, Room 303  
Phoenix, AZ 85007  
(602) 542-1040  
(602) 542-1741 fax

Contact:

Karen Boswell

A signed copy of this amendment must be submitted with your Solicitation Response. This Solicitation is amended as follows:

### **MARICOPA COUNTY BEHAVIORAL HEALTH SERVICES RFP DATABOOK CLARIFICATION**

The eligibility, demographics and encounter data in the Maricopa County Behavioral Health Services RFP Data book Covers the period of October 2, 2003 through June 30, 2006. the data begins on October 1, 2003 because of Health Services (ADHS) aligned the covered behavioral health service procedure codes with Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant procedure codes.

The historical capitation rates in the data book are rates approved by Arizona Health Care Cost Containment System (AHCCCS) and the Joint Legislative Budget Committee (JLBC). The capitation rates published in the current Maricopa County Regional Behavioral Health Authority (RBHA) contract are reduced by 1% to account for the 1% of the capitation rate set aside for potential incentive payments to the Contractor.

### **WRITTEN QUESTIONS**

All questions regarding this solicitation shall be submitted in writing to:

Arizona Department of Health Services  
Karen Boswell  
1740 W. Adams, Room 303  
Phoenix, AZ 85007  
Email Address: [boswelk@azdhs.gov](mailto:boswelk@azdhs.gov)  
Phone #: (602) 542-1040  
Fax #: (602) 542-1741

**Questions will be accepted every Monday beginning 1/22/07 and response to questions will be returned via solicitation amendment every Thursday, see schedule below:**

Questions will be accepted from 8:00 a.m. to 5:00 p.m. Monday  
1/22/07, 1/29/07, 2/5/07, 2/12/07, 2/19/07, 2/26/07

Response to questions will be posted by 12:00 p.m. Thursday  
1/25/07, 2/1/07, 2/8/07, 2/15/07, 2/22/07

Please submit questions referencing a section name and page number.

Vendor hereby acknowledges receipt and understanding of above amendment

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name and Title:

Name of Company:

The above referenced Solicitation Amendment is hereby executed this \_\_\_\_\_ day of \_\_\_\_\_, 2007 in Phoenix, Arizona.

Signature

Name: Christine Ruth

Title: Deputy Procurement Administrator